

WY

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

RECEIVED

NOV 27 2012

FILED

JAN 10 2013

MICHAEL E. KUNZ, Clerk
By _____ Dep. Clerk

12

6628

Alias Tyre Smith # 002530
 A.K.A Terik Williams
 Surname Moses Lee Smith
 (In the space above enter the full name(s) of the plaintiff(s).)

- against -

Easton Police Department
 25 South 3rd Street
 Easton P.A. 18042

Northampton County Prosecutors
 Office.
 669 Washington Street
 Easton P.A. 18042

COMPLAINT

under the
 Civil Rights Act, 42 U.S.C. § 1983
 (Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
 (check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Tyre Smith
 ID # 002530
 Current Institution Northampton County Prison
 Address 666 Walnut Street
 Easton P.A. 18042

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Donald H Michael JR Shield # _____
Where Currently Employed UNKNOWN
Address UNKNOWN

Defendant No. 2 Name Mark S Refawich Shield # _____
Where Currently Employed UNKNOWN
Address UNKNOWN

Defendant No. 3 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? City of
easton Pennsylvania

B. Where in the institution did the events giving rise to your claim(s) occur? 609 1/2-B
walnut street easton P.A. 18042

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
MARCH 6 1993 ON OR ABOUT 7AM

What
happened
to you?

Who
did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

D. Facts: I was unidentified and evidence planted by Easton Police head detective Donald H Michael Jr and his Task force although there were approx nine other Caucasians Present at 609 1/2 B Walnut street Easton P.A. I being the lone African American Present was Arrested and charged alone. Inspite of being in Possession of wallet which held NJ # Drivers license, SS. card, birth certificate and other forms of Id my identity was suppressed by Police at begining, by state D.A. Mark S Refawich secondly who did knowingly withheld this truth and other favorable evidence during Preliminary hearing, trial ect. States blatant discriminating tactics within Court room. Impeche equity of Equal Protection. by allowing Perjury testimony, disqualifying all African Americans and women from Jury, constant threats of serious Jail time "for you Boy", both Police and state along with Court appointed Attorneys did knowingly Collaborate through invidious racial Practices to deny me equal Protection under the law based solely on the color of my skin. the events mentioned were witness by All those Present throughout ordeal

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Chronic Post traumatic stress disorder because of this unjust conviction No Private or Government own Company will hire me, case being Prove by my last Place of employment. This ordeal cost me my engagement to the woman of my two oldest children, this Arrest cost me A marriage with which I have three additional children thus leaving me as a single Parent trying to raise now three young children without any hope of secure A career Promising enough to support us All. this ordeal destroyed All my educational goal and left my credit destroyed.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No ✓

N/A

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No _____ Do Not Know _____

N/A

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know _____

N/A

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No ✓

N/A

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N/A

1. Which claim(s) in this complaint did you grieve? _____

N/A

2. What was the result, if any? _____

N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: Out of fear for my life After watching these People strip me of everything with nothing i could do I walked away from work release Program on the first day I WAS given it May 16 1994.
2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: After being returned to Northampton County Prison Nov 9 2010, i began my investigation into my case, but to my surprise I learn that the Prison Administration had me on an Administrative block so i was denied access to courts, denied receiving mail, denied visitations, denied commissary, denied phone calls all for 7 months or more in some cases.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. Once Administrative block was dissolved thru constant complaints through grievances my access to courts began Sept 2011 with which i filed Habeas Corpus only to never hear or receive any reply until Nov 2012, these are the ongoing Practices of racial Profiling that seems to continue to block my way to justice

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

For the Irreversible damages sustained by this unwarranted arrest and conviction and the Irreplaceable lost of time for myself, education, career, family, I am asking no less, no more, than one thousand dollars a day for twenty-years. As March 6 2013 fastly Approaches which will be my twenty year anniversary. Since this matter happened March 6, 1993

Also the Absolute reversal and expungement of my record by All cities, County's, F.B.I, state Police Parole Boards, and any other Dept or agencies that handle my case.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Tyre Smith

Defendants Todd L Buskirk

2. Court (if federal court, name the district; if state court, name the county) Eastern District

3. Docket or Index number 12-CV-4259

4. Name of Judge assigned to your case Hon. William H. YoHN JR

5. Approximate date of filing lawsuit 7/2012

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition _____

On
these
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____
ongoing



C. Have you filed other lawsuits in state or federal court?

Yes _____ No ✓

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20 day of November, 2012.

Signature of Plaintiff

TS # 002530

Inmate Number


00-2530

Institution Address

666 Walnut Street
Easton P.A. 18042

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 20 day of November, 2012, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:  00-2580